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| E:II                            | : Alaia in famora          |   |                  |   |                       | 1            |                   |                               |  |
|---------------------------------|----------------------------|---|------------------|---|-----------------------|--------------|-------------------|-------------------------------|--|
| FIII                            | in this intorma            | ation to identify yo                                  | our case:        |   |                       |              |                   |                               |  |
| Deb                             | otor 1                     | Scott Michael Hettinger                               |                  |   |                       |              | Check if this is: |                               |  |
|                                 |                            |   |                  |   |                       |              | An amended filing |                               |  |
|                                 | otor 2                     | Debra Ann F   | lettinger        |   |                       |              |                   | wing postpetition chapter     |  |
| (Spo                            | ouse, if filing)           |   |                  |   |                       |              | 13 expenses as or | the following date:           |  |
| Unit                            | ed States Bankı            | ruptcy Court for the                                  | : EASTE          | RN DISTRICT OF PENNS  | YLVANIA               |              | MM / DD / YYYY    |                               |  |
| Case number 19-13488 (If known) |                            |   |                  |   |                       |              |                   |                               |  |
|                                 |                            |   |                  |   |                       |              |                   |                               |  |
| O                               | fficial Fo                 | rm 106J   |                  |   |                       |              |                   |                               |  |
| So                              | chedule                    | J: Your   | Exper            | ises  |                       |              |                   | 12/15                         |  |
| info                            | ormation. If m             |   | eded, atta       | If two married people ar<br>ch another sheet to this<br>n.                |                       |              |                   |                               |  |
| Par                             | t 1: Desci                 | ribe Your House                                       | hold             |   |                       |              |                   |                               |  |
| 1.                              | Is this a join             | nt case?  |                  |   |                       |              |                   |                               |  |
|                                 | ☐ No. Go to                | o line 2.   |                  |   |                       |              |                   |                               |  |
|                                 | Yes. Doe                   | es Debtor 2 live                                      | in a separ       | ate household?  |                       |              |                   |                               |  |
|                                 | ■ N                        | lo  |                  |   |                       |              |                   |                               |  |
|                                 | □Y                         | es. Debtor 2 mus                                      | st file Offici   | al Form 106J-2, <i>Expense</i> s  | for Separate House    | ehold of Del | otor 2.           |                               |  |
| 2.                              | Do you hav                 | e dependents?   | ■ No             |   |                       |              |                   |                               |  |
|                                 | Do not list D<br>Debtor 2. | ebtor 1 and   | ☐ Yes.           | Fill out this information for each dependent                              | Dependent's relati    |              | Dependent's age   | Does dependent live with you? |  |
|                                 | Do not state               | the   |                  |   |                       |              |                   | □ No                          |  |
|                                 | dependents                 |   |                  |   |                       |              |                   | ☐ Yes                         |  |
|                                 |                            |   |                  |   |                       |              |                   | □ No                          |  |
|                                 |                            |   |                  |   |                       |              |                   | ☐ Yes                         |  |
|                                 |                            |   |                  |   |                       |              |                   | ☐ No                          |  |
|                                 |                            |   |                  |   |                       |              |                   | ☐ Yes                         |  |
|                                 |                            |   |                  |   |                       |              |                   | □ No                          |  |
| 3.                              | De veur ev                 | namana imaluda  | _                |   |                       |              |                   | ☐ Yes                         |  |
| ٥.                              | expenses o                 | penses include<br>of people other t<br>d your depende | han $_{\square}$ | No<br>Yes   |                       |              |                   |                               |  |
|                                 | yoursen an                 | a your depende  | 1113:            |   |                       |              |                   |                               |  |
| exp                             | imate your ex              | a date after the                                      | our bankrı       | y Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |                       |              |                   |                               |  |
|                                 |                            |   |                  |   | e                     |              |                   |                               |  |
| the                             |                            | h assistance an                                       |                  | government assistance i<br>cluded it on <i>Schedule I:</i> \              |                       |              | Your exp          | enses                         |  |
|                                 |                            |   |                  |   |                       |              |                   |                               |  |
| 4.                              |                            | or home owners<br>and any rent for th                 |                  | ses for your residence. I<br>r lot.                                       | nclude first mortgage | e<br>4.      | \$                | 1,506.00                      |  |
|                                 | If not include             | ded in line 4:  |                  |   |                       |              |                   |                               |  |
|                                 | 4a. Real                   | estate taxes  |                  |   |                       | 4a.          | \$                | 0.00                          |  |
|                                 | 4b. Prope                  | erty, homeowner's                                     | s, or renter     | 's insurance  |                       | 4b.          | \$                | 0.00                          |  |
|                                 |                            |   |                  | ıpkeep expenses   |                       | 4c.          | \$                | 200.00                        |  |
| _                               |                            | owner's associa                                       |                  |   |                       | 4d.          | ·                 | 0.00                          |  |
| 5.                              | Additional r               | mortgage payme  | ents for yo      | our residence, such as ho   | me equity loans       | 5.           | \$                | 0.00                          |  |

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|     | btor 1 Scott Michael Hettinger Debra Ann Hettinger  | Case number (if kno | wn) <b>19-13488</b>                 |
|-----|---|---------------------|-------------------------------------|
| 6.  | Utilities:  |                     |                                     |
|     | 6a. Electricity, heat, natural gas  | 6a. \$              | 152.00                              |
|     | 6b. Water, sewer, garbage collection  | 6b. \$              | 197.00                              |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c. \$              | 314.00                              |
|     | 6d. Other. Specify:   | 6d. \$              | 0.00                                |
| 7.  | Food and housekeeping supplies  | 7. \$               | 745.00                              |
| 8.  | Childcare and children's education costs  | 8. \$               | 0.00                                |
| 9.  | Clothing, laundry, and dry cleaning   | 9. \$               | 125.00                              |
| 10. | Personal care products and services   | 10. \$              | 75.00                               |
| 11. | Medical and dental expenses   | 11. \$              | 50.00                               |
| 12. | Transportation. Include gas, maintenance, bus or train fare.  |                     |                                     |
|     | Do not include car payments.  | 12. \$              | 300.00                              |
|     | Entertainment, clubs, recreation, newspapers, magazines, and I  |                     | 150.00                              |
| 14. | Charitable contributions and religious donations  | 14. \$              | 0.00                                |
| 15. | Insurance.  |                     |                                     |
|     | Do not include insurance deducted from your pay or included in lines  |                     |                                     |
|     | 15a. Life insurance   | 15a. \$             | 0.00                                |
|     | 15b. Health insurance   | 15b. \$             | 0.00                                |
|     | 15c. Vehicle insurance  | 15c. \$             | 153.00                              |
|     | 15d. Other insurance. Specify:  | 15d. \$             | 0.00                                |
|     | Taxes. Do not include taxes deducted from your pay or included in li Specify:   | nes 4 or 20 16. \$  | 0.00                                |
| 17. | Installment or lease payments:  | 17a ¢               | 050.00                              |
|     | 17a. Car payments for Vehicle 1   | 17a. \$             | 359.63                              |
|     | 17b. Car payments for Vehicle 2   | 17b. \$             | 488.01                              |
|     | 17c. Other Specify: 401(k) Loan Repayment   | 17c. \$             | 995.76                              |
|     | 17d. Other. Specify:  | 17d. \$             | 0.00                                |
| 18. | Your payments of alimony, maintenance, and support that you of  |                     | 0.00                                |
| 19. | deducted from your pay on line 5, Schedule I, Your Income (Offi<br>Other payments you make to support others who do not live wif  |                     |                                     |
| 19. |   | 19.                 | 0.00                                |
| 20  | Specify: Other real property expenses not included in lines 4 or 5 of this  |                     | ma                                  |
| 20. | 20a. Mortgages on other property  | 20a. \$             | ne.<br>0.00                         |
|     | 20b. Real estate taxes  | 20b. \$             | 0.00                                |
|     | 20c. Property, homeowner's, or renter's insurance   | 20c. \$             |                                     |
|     |   |                     | 0.00                                |
|     | 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues  | 20d. \$<br>20e. \$  | 0.00                                |
| 0.4 |   | · · ·               | 0.00                                |
| 21. | Other: Specify: Pet Supplies  | 21. +\$             | 50.00                               |
| 22. | Calculate your monthly expenses   |                     |                                     |
|     | 22a. Add lines 4 through 21.  | \$                  | 5,860.40                            |
|     | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Offic   | ial Form 106J-2     |                                     |
|     | 22c. Add line 22a and 22b. The result is your monthly expenses.   | \$                  | 5,860.40                            |
|     | 220. Add line 22a and 22b. The result is your monthly expenses.   | • —                 | 5,000.40                            |
| 23. | Calculate your monthly net income.  |                     |                                     |
|     | 23a. Copy line 12 (your combined monthly income) from Schedule  | I. 23a. \$          | 6,037.62                            |
|     | 23b. Copy your monthly expenses from line 22c above.  | 23b\$               | 5,860.40                            |
|     | - · ·   |                     | ·                                   |
|     | 23c. Subtract your monthly expenses from your monthly income.   | 00 0                | 477.00                              |
|     | The result is your monthly net income.  | 23c.   \$           | 177.22                              |
| 24. | <ul> <li>Do you expect an increase or decrease in your expenses within For example, do you expect to finish paying for your car loan within the year or modification to the terms of your mortgage?</li> <li>No.</li> <li>Yes.</li> </ul> |                     | o increase or decrease because of a |
|     | Yes. Explain here:  |                     |                                     |